### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

# For State and Local Candidates

FOR	Single-Candidate	Committ	ees	
1. DATE OF REPORT	2.a. NAME OF CANDIDATE OF			
3-31-09	CAROL B	ERZ		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION D	
			3-3	- 09
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
5896 BRAINERD RD	CHATTANOOGA	TN	37411	423-855-4141
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)			
Street or Rural Route	CHATTANOOGA	State	Zip Code	Phone 423-892-6631
3/2 BASS RD (5. OFFICE SOUGHT (include district number, it		OF POLITICAL	37421 TREASURER (ma	
CHATTANOOGA CITY COUNCIL - DI		ASON 1		i, so candidate)
7. CATEGORY OR REPORT (Check one)		MOON !	UK.D	
FIRST SECOND THIRD	FOURTH PRE-	PRE 7	ST MID-YEAR	R YEAR-END
QUARTER QUARTER QUARTER	QUARTER PRIMARY	GENERAL	SUPPLEMEN	
8.a. BEGINNING DATE OF REPORTING PERIOD			ORTING PERIOD 7	
2-22-09 9. (Check one)		-31-09	<u> </u>	
access • Series as to be completed and access to the series of the series and the series are the series and the series are the series and the series and the series are the series and the series and the series are the series and the series are the	ad disclosure because contribution	no (including in	kind) received total	\$1,000 or loss AND
<ul> <li>a.  This campaign is exempt from detaile tures total \$1,000 or less for this repo</li> </ul>				\$1,000 or less AND expendi-
b. 💢 This campaign is required to file a de	tailed financial disclosure becaus	se contributions	(including in-kind) re	eceived total more than \$1,000
and/or expenditures total more than S	\$1,000 for this reporting period.			total more trial \$1,000
10. I/we do solemnly swear or affirm that the ir accurate accounting of campaign contribution Financial Disclosure Act. Additionally, I/we benefit of the candidate or for any other nor signature of candidate.	ons and expenditures required to swear or affirm that no campaigr	be reported by a contributions he federal intern	the candidate comr ave been expended	nittee by the Campaign
11. WITNESS SIGNATURE  X Jewn Bery  signature of witness	4/8/09	X Jen sigr	neture of witness	4/8/09 date
12. SUMMARY		-		
a. BALANCE ON HAND LAST REPORT  b. TOTAL RECEIPTS THIS PERIOD  c. TOTAL DISBURSEMENTS THIS PERIOD			s 14,716	.77
b. TOTAL RECEIPTS THIS PERIOD			1,925	,
c. TOTAL DISBURSEMENTS THIS PERIOD			s 13,26k	2.34
d. BALANCE ON HAND (12.a. plus 12.b. r	minus 12.c.)			3375.43
e. TOTAL LOANS OUTSTANDING 6	1A 6002			s0-
f. TOTALOBLIGATIONS OUTSTANDINGS:	•			-0-
AMILTON CO.			A	_
STATE OF THE PARTY				(1)



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#### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
CAROL BERZ	FROM: 2-22-09 TO: 3-31-09
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period) .	s <u>275.••</u>
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>1,650.**</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. an	d 15.b.)\$ /925.00
16. LOANS RECEIVED THIS REPORTING PERIOD	\$ <u>-0-</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	80 To 100 To
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.	)
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by ca	tegory - e.g., printing, postage, gasoline)
	279.59
	358, (1
UTILITIES \$	78.04
FUEL	72.91
\$ _	
\$ _	
\$ _	
\$ _	
\$ _	
Total of Expenditures (\$100 or less each payee)b. Itemized Expenditures (Over \$100 each payee this period)	\$ 788.65
b. Itemized Expenditures (Over \$100 each payee this period)	s <u>9977. 69</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19	.b.) \$ <u>/0,766.34</u>
20. LOAN REPAYMENTS MADE THIS PERIOD	\$ 2,500.00
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19 20. LOAN REPAYMENTS MADE THIS PERIOD	2.c.)
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this peri-	od)\$
<ul> <li>a. Unitemized in-kind contributions (\$100 or less from each source this period)</li> <li>b. Itemized in-kind contributions (over \$100 from each source this period)</li> </ul>	s <u>/300.00</u>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a	and 22.b.)s /300.00
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	s <u>-0-</u>
b. Itemized Obligations Outstanding (Over \$100 each)	\$0-
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be sh	nown i item 12.f.)\$\$

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#### **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVER	
CAROL BERZ	2	FROM: 2-22-09	10:3-31-09
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount -O-		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	ACH ITEMIZED CONTRIBUTION (c	ontributions totaling more than \$100 from any contributo	r)
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	PAC)	Primary Election General Election	
SETPAC ( Address P.o. 787	TACJ	Runoff (Local Elections Only)	250.00
City CHATIANOO CIA	State Zip Code 37401	Date of Contribution	Aggregate This Election
Occupation	1774 197707		
Employer		2-28-09	250.00
First Name	Middle Name	Contribution Received For:	Amount of Contribution
Last Name/Organization Name	L	Primary Election	
KINSEY Address 423 4444 Ams	7	Runoff (Local Elections Only)	500.00
City CLUMETALOGE A	State Zip Code 37408	Date of Contribution	Aggregate This Election
Occupation Occupation	120 31708		C
BUSINESS MAN Employer		2-28-09	500.00
			THE RESIDENCE AND PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS AND PERSO
First Name  OF IN	Middle Name	Contribution Received For:	Amount of Contribution
CA / N Last Name/Organization Name	Middle Name	Contribution Received For:	
Last Name/Organization Name  MILLS			Amount of Contribution
Last Name/Organization Name  MILLS		Primary Election	
Last Name/Organization Name  MILLS, II  Address  4325 AMNICOLA		Primary Election General Election  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election
Last Name/Organization Name  MILLS		☐ Primary Election ☐ General Election☐ Runoff (Local Elections Only)	500.00
CLIN Last Name/Organization Name  MILCS, JI  Address  4325 AMNICOLA  City  CHANANOOGA  Occupation  BUSINESSMAN  Employer		Primary Election General Election  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election
Last Name/Organization Name  MILLS, JI  Address  4325 AMNICOLA  City  CHATTANOOGA  Occupation  BUSINESSMAN  Employer  First Name  JOANNE  Last Name/Organization Name	State Zip Code 77N 37406	Primary Election  General Election  Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election
Last Name/Organization Name  MILLS, JI  Address  4325 AMNICOLA  City  CHATTANOOGA  Occupation  BUSINESSMAN  Employer  First Name  JOANNE  Last Name/Organization Name  EAVORS	State Zip Code 37406  Middle Name	Primary Election  Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution Received For:	Aggregate This Election
City CHATTANOOCA  Cocupation  Employer  First Name  TOANNE  Last Name/Organization Name  EAVORS  Address  244) MEADE CIR	State Zip Code 37406  Middle Name	□ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution Received For: □ Primary Election □ General Election	Aggregate This Election  500.00  Amount of Contribution
Canardiae  Columbia  City  CHATANOOGA  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  Cocupation  City  CHATANOOGA  Cocupation  Cocupation  City  CHATANOOGA  Cocupation  City  CHATANOOGA  Cocupation  City  CHATANOOGA  Cocupation  Coc	State Zip Code TN Zip Code	□ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution ☐ General Election □ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  500.00  Amount of Contribution
CLIN Last Name/Organization Name  Address  Address  City  CHATTANOOGA  Occupation  BUSINESSMAN  Employer  First Name  TOANNE  Last Name/Organization Name  FAVORS  Address  244) MEADE CIR  City  CHATTANOOGA	State Zip Code TN Zip Code	□ Primary Election □ General Election □ Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution Received For: □ Primary Election □ General Election □ Runoff (Local Elections Only)	Aggregate This Election  500.00  Amount of Contribution
Last Name/Organization Name  Address  Address  City  CHATTANOOGA  Occupation  BUSINESSMAN  Employer  First Name  TOANNE  Last Name/Organization Name  FAVORS  Address  244) MEADE CIR  City CHATTANOOGA  Occupation  STATE REP  Employer	State Zip Code TN Zip Code	□ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution ☐ General Election □ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  500.00  Amount of Contribution  Aggregate This Election
CLIN Last Name/Organization Name  MILLS, JI  Address  4325 AMNICOLA  City  CHATTANOOGA  Occupation  BUSINESSMAN  Employer  First Name  JOANNE  Last Name/Organization Name  FAVORS  Address  2441 MEADE CIR  City  CHATTANOOGA  Occupation  STATE REP	State Zip Code 37406  Middle Name  State Zip Code 37406	□ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution  2-28-09  Contribution ☐ General Election □ Primary Election ☐ General Election □ Runoff (Local Elections Only)  Date of Contribution	Aggregate This Election  500.00  Amount of Contribution  Aggregate This Election

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## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE  CAROL BERZ		***************************************		2. REPORT COVER	ING THE PERIOD TO: 3-31-09
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTI		Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA					(1)0.
First Name	Middle Name		Contribution Received For:	Too nom any contributor	Amount of Contribution
Last Name (Organization Name			☐ Primary Election	I General Election	
Last Name/Organization Name  TO ANNE FAILORS CAMPAIGN			Li Primary Election	General Election	200.00
TOANNE FAVORS CAMPAIGN  Address P.O. BOX 16069  City CHATTANOOGA State   Zip Code 37416			Runoff (Local Election	200.	
CHATTANOO GA	State Zip Code 37416		Date of Contribution	***************************************	Aggregate This Election
Occupation		anno de la constante de la con		- 0	
Employer			2-28-	09	200.00
First Name	Middle Name	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	I		☐ Primary Election ☐	General Election	
Address			Runoff (Local Election	ns Only)	
City	State Zip Code		Date of Contribution		Aggregate This Election
Occupation					
Employer					и
Circle Name	karan n		Cartille Han David LE		, ,
First Name Middle Name			Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	¥
Address		***************************************	Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Name	9	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
TOTAL ITEMIZED CONTRIBUTIONS     (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must				44 0	1,650.00

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#### **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR CO	MMITTEE			2. REPORT COVER	DING THE DEDIOD
CAROL		TO: 3-31-09			
CALLO	2-22-0)	Amount			
3. TOTAL ITEMIZED IN-KIND CON			<del></del>	<del></del>	-0-
4. COMPLETE THE APPROPRIATE IT	EMS FOR EACH ITEM	IIZED IN-KIND CONTRIBU	JTION (in-kind contributions totaling	more than \$100 from any cor	ntributor during the period)
First Name Middle Name			In-Kind Contribution Receive		Value of In-Kind Contribution
Last Name/Organization Name			Primary Election	General Election	2
FAIRWAY OUTDOOR ADVERTISING		Runoff (Local Election		300.00	
Last Name/Organization Name  FAIR WAY OUTDOOR ADVERTIS ING  Address P.O. BOX 60125  City CHARLOTFE State Zip Code NC 28260		Date of In-Kind Contribution	9-09	Aggregate this Election	
City CHADIOTH	CHARLOTTE State Zip Code		Description of In-Kind Contribution		
Occupation	Employer	1-02-0	77440 445	1	14/5 50,100
			BILLBOARD	ADVERIA	ING SKIES
First Name	Middle N	lame	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
BRAINERD VILLAGE	SHOPPING O	ENTER, LLC	Runoff (Local Election	ns Only)	1,000.
Address 2200 21 ST AVENUE	C 1-11	CTE 2-0	Date of In-Kind Contribution	- / - 9	Aggregate this Election
	South, State	Zip Code	Description of In-Kind Contribution	-6-09	1,000.00
NASHVILLE Occupation	TN	37212	OFFICE SPACE	E FOO NA	manical Wa
Occupation	Employer		OFFICE SING	LE FUR LA	THEN FIY
First Name	Middle N	Name	In-Kind Contribution Receive Primary Election	d For:  General Election	Value of in-Kind Contribution
Last Name/Organization Name			1 = '		
Address		Runoff (Local Election  Date of In-Kind Contribution	ns Only)	Aggregate this Election	
7100000			Date of the folial Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Occupation Employer		1		
First Name	Middle	Name	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Last Name/Organization Name			Runoff (Local Election	ns Only)	
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution	4.00	
Occupation	Employer		-		
- 100.000 100.000 100.0000000					
First Name	Middle N	ame	In-Kind Contribution Receiv	ed For:	Value of In-Kind Contribution
- Manual Contraction			Was a Management of the Company of t	General Election	Table of the factor of the fac
Last Name/Organization Name			Runoff (Local Election	ns Only)	
Address			Date of In-Kind Contribution		Aggregate this Election
City	State	Zip Code	Description of In-Kind Contribution		
Occupation	Employer		-		
	bio10				
5. TOTAL ITEMIZED IN-KIND CC	NTRIBUTIONS				
(Carry forward to item 3. of next page if a	additional pages of this for				1300.00
(If this is the last page of in-kind contribu	tions, this amount must be	shown in item 22b. of summar		E 1	
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#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  CAROL BERZ	TO: 3-31-09				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount -6-				
4. COMPLETE THE APPROPRIATE ITEMS FOR E.					iod)
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure
The second secon					Amount of Exponditure
Last Name/Business Name U.S. PoSTMASTER					
Address			POSTAGE	E	795.16
City	State Zip Code		-		
City	State	Zip Code			
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			<b> </b> _ /	,	
DIVERSIFIED COMPANIE	5 1	<u> </u>	PRINTING &	MAILING	
Address 3721 POWERS COURT			SERVICES		2917.29
City	State	Zip Code			
CHATTANOO GA	TN	37416			
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			_		
CHATTANOOGA NEWS CH	RONIC	LE			
Address P.O. Box 4505			ADVERTISEM	ENT	400.00
City	State	Zip Code			
CHATTANGOGA	TN	37405			
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name  ELECTRIC PowER	BOAL	e D	ELECTRIC		4
Address			SERVICES (	HQ	141,22
City	State	Zip Code		<u></u>	
CHATTANOOGA	TN	37422			
First Name	Middle Nan	ne	Purpose of Expenditure	Ya.	Amount of Expenditure
Last Name/Business Name					(1000) The control of
ATET			PHONE & I.	NTERNET	
Address P. 539/4/					162.61
P.O. BOX 53864/ City  ATLANTA	State	Zip Code 30353	- SERVICES (W	HQ	
First Name SUSAN	Middle Nam	THE REAL PROPERTY.	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		× .	10000010	EJEDO ATION	
DISTEFANO			CAMPAIGN C DINNER E	CEGNATION	- 111
Address 4/21 ST ELMO			DINNER E	XPENSES	241,12
City	State	Zip Code			
CHATTANOO GA	TN	37409			
TOTAL ITEMIZED EXPENDITURES  (Carry forward to item 3. of next page if additional pages)  (If this is the last sees of sycard littles of this page at the second sycard littles and the second sycard littles.)					4657.40
(If this is the last page of expenditures, this amount mus	L DE SHOWN IN	nteni 190. oi summary.)			

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# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	And the second s		RT COVERING THE PERIOD
CAROL BERZ	22-09 TO: 3-31-09		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E	4,657,46		
First Name GREATUER	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  TINKER		PHONE BANKING	// = >=
Address 4405 LUNA LN	····	SERVICES	405.00
CHATTANOOGA	State Zip Code 37 4	7	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name	<u> </u>		
VARNELL		PHONE BANKING	
Address 803 EDDING 57	•		270.00
City	State Zip Code	SERVICES	· ·
CHATTANOO GA	TN 374	<b>'</b> §	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
TERRI LYNN Last Name/Business Name	<u> </u>		
VARNELL		PHONE BANKING	
Address 719 BELLE VISTA	AVE	SERVICES	270.00
City	Otate Zip Code		
CHATTANOOGA	TN 374		
First Name CYNTHIA	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name  TAYLOR		PHONE BANKING	,
Address 1/2 LAWN ST		2	270.00
City	State Zip Code	SERVICES	2 (0.
CHATIANOO GA	TN 374	5	
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			, and the second
DERRYBERRY PUBLIC REL	ATIONS, LL		
Address 421 MARKET ST	,	CONSACTINA	2000.00
City	State Zip Code	SERVICES	,
CHATIANOOGA	TN 3740	2	
First Name	Middle Name	Purpose of Expenditure  ELECTION	Amount of Expenditure
Last Name/Business Name		VICTORY CELEBR	ATION
RIVERSIDE WINE & SPIA	173	VICTORY CELEBR	247.69
	•		
600 MANUFACTURERS	RD		
CHATTANOGA	RD State Zip Code 37 4		
City			
CHATTANOGA	37 40 s of this form are used.)	5	8/20,09

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE  CAROL BERZ	<del>-</del>			2. REPORT COVER	
	TO: 3-3/-09 Amount				
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU				ge)	8120,09
4. COMPLETE THE APPROPRIATE ITEMS FOR E			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	to any payee during the per	
First Name	Middle Na	ne	Purpose of Expenditure  ELECTION		Amount of Expenditure
Last Name/Business Name  CAFE ROMAINE			VICTORY CE	LEBRATION	
Address			VICTORY CE FOOD & REFR	ESHMENTS	775 00
EASTBATE TOWN C	ENTE State	Zip Code	7 000 4 401	00,,,,,	775.00
CAUTANOO BA	72	37411			
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u> </u>	7 77	FOOD & REFRES	HMENTS	
Address Address	,		FOR WLUNTE	ERS,	., 9)
CHATTANOOGA LOCATI	'ONS		RECEPTION EN	ENTS	485.81
CHATTANOOGA	State	Zip Code	SUPPLIES		
	W	37421	OFFICE SUPPLE	E2	
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name		NOTICE AND ADDRESS OF THE PARTY	PAPER & PRIM SUPPLIES PHOTO COPIES	17/16	
OFFICE DEPOT Address			Supplies	)	596.79
CHATTANOOGA LOC	45101	25	PHOTO COPIES	CARDS	570.11
CHATTANOSEA	State	Zip Code 3742)	ENVELOPES &	OFFICE	
First Name	Middle Nam		Supplie's  Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			-		·
Address			+		
Address					
Address	State	Zip Code	-		
	State	Zip Code			
	State  Middle Nam	2 84.	Purpose of Expenditure		Amount of Expenditure
City		2 84.	Purpose of Expenditure		Amount of Expenditure
City First Name		2 84.	Purpose of Expenditure		Amount of Expenditure
City First Name Last Name/Business Name		2 84.	Purpose of Expenditure		Amount of Expenditure
City  First Name  Last Name/Business Name  Address	Middle Nam	e Zip Code	Purpose of Expenditure  Purpose of Expenditure		
City  First Name  Last Name/Business Name  Address  City	Middle Nam	e Zip Code			Amount of Expenditure  Amount of Expenditure
City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name	Middle Nam	e Zip Code			
City  First Name  Last Name/Business Name  Address  City  First Name	Middle Nam	e Zip Code			
City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name	Middle Nam	e Zip Code			
City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address	Middle Nam State Middle Nam	e Zip Code			Amount of Expenditure
City  First Name  Last Name/Business Name  Address  City  First Name  Last Name/Business Name  Address  City	Middle Nam State Middle Nam State	e Zip Code e Zip Code			

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### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE						2.	REPORT C	OVER	NG THE PERIOD
CAPOL BE	07					FR	OM: <b>-</b>	9	TO: 3-31-04
CAROL BE 3. COMPLETE THE APPROPRIATE ITEMS F	OR EACH ITE	EMIZE	ED LOAN (I	oans totaling n	nore than \$100	from any source	during the per	iod)	3 31-04
Complete the Following for the Source of the Loan				***************************************					
First Name Middle Nam	е		Outstanding L (Beginning o		Loans Receive		oan ments		anding Loan Balance (End of Period)
CAROL Last Name/Organization Name			2,500.00 -0-			2,500.00		(End of Period)	
BERZ			-0	3					
Address 312 BASS RD			Loan Receive		General	Election	1/-21	-07	2,000. **
CHATTANOOGA State	Zip Code 374ン	,		Local Elections		Libotion	12-3-	ره .	3,000, **
	sers or Guarant	tors fo				d please attach			
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name			-	Last Name/Or	ganization Nar	ne		1	
Address				A ! !					
Address				Address					
City	State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding			
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name				Last Name/Organization Name					
Address				Address					
City	State	Zip Co	de	City State Zip Code					Zip Code
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding					
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name				Last Name/Or	ganization Nar	ne			
Address				Address					
Addiess				Address					
City	State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding	L			Amount Guaranteed Outstanding					
First Name	Middle Name	-di		First Name				Middle	Name
Last Name/Organization Name				Last Name/Organization Name					
Address	*		Communication of the Communica	Address					
City	State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	nteed Outstan	ding			
4. Totals for all Loans (complete on last page of (Total loans received should also be shown in item 16. on s		s)		Outstanding L (Beginning		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown in item 20. on s (Total outstanding loan balance should also be shown in iten	ummary page.)	ge.)		2,50		-0-	250		
SS-1132 (Rev. 4/02)						age 9	of <b>9</b>		RDA 1159